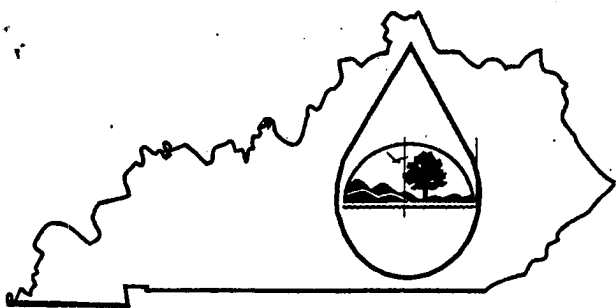


# KPDES FORM SC

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Middletown Waste Disposal, Inc.							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Original land area of 90 acres design factor of 2,000 GPD/acre. Modified to 1,000 GPD/acre=90,000 GPD + 70,000 GPD for commercial development known as Middletown Station.							
B. If new discharger, indicate anticipated discharge date:				N/A			
C. Indicate the design capacity of the treatment system:				.16 MGD			

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	15	05	85	30	41	Trib of Chenoweth Run

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	U.S.G.S. topographic map coordinates
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**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Domestic	.16 MGD	Bar screen	1-T 1-L
			Activated sludged	3-A
			Aerobic digestion	5-A
			Aerated lagoon	3-B
			Cl <sub>2</sub> disinfection	2-F
			SO <sub>2</sub> dechlorination	2-E
			Surface discharge	4-A

**V. Check the type(s) of wastewater discharged.**☒ Domestic (60% or more sanitary sewage)☐ Oil field waste☐ Noncontact cooling water☒ Other (list):

Domestic waste from industrial storage buildings.

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**☐ Publicly-owned lake or impoundment Name of lake:☐ Publicly-owned treatment works (POTW). Name of POTW:☐ Land application of Effluent☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	N/A per year	per year
Give average duration of bypass	N/A hours	hours
Give average volume per incident	N/A 1,000 gallons	1,000 gallons
Give reason why bypass occurs:	N/A	

B. Number of Overflow Points:	0	(If discharge is from an overflow point, the information below must be completed.)
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	N/A per year	per year
Give average duration of overflow:	N/A hours	hours
Give average volume per incident:	N/A 1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	N/A
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
A portion of Middletown, KY and the Middletown Industrial Park	Varies
<b>TOTAL POPULATION SERVED</b>	

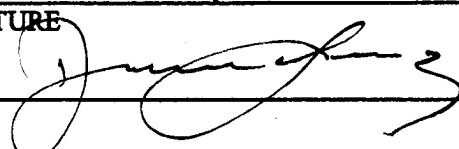
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	5.3	6.91 MG/L	52
TOTAL SUSPENDED SOLIDS	26	6.91 MG/L	52
FECAL COLIFORM	200	<20 */100 ML	52
TOTAL RESIDUAL CHLORINE	.01	<.01 MG/L	52
OIL AND GREASE	N/A	N/A	--
CHEMICAL OXYGEN DEMAND	N/A	N/A	--
TOTAL ORGANIC CARBON	N/A	N/A	--
AMMONIA	6.31	1.45	52
DISCHARGE FLOW	.437MGD	.117 MGD	cont. (365)
PH	8.4	6.9 (min)	52
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	<i>Continuous</i>
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### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Donald A. Lorenz Secretary-Treasurer	TELEPHONE NUMBER (area code and number): (502) 423-7361
SIGNATURE 	DATE September 9, 2003



Middletown White  
Disposal Plant  
See also 1144



ERNIE FLETCHER  
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

October 20, 2003

LAJUANA S. WILCHER  
SECRETARY

Donald A. Lorenz, Secretary-Treasurer  
Middletown Waste Disposal, Incorporated  
130 Apple Lane  
Taylorsville, Kentucky 40071

Re: Administrative Notice of Deficiency  
KPDES No.: KY0086843  
AI ID: 2148  
Middletown Industrial Park  
Jefferson County, Kentucky

Dear Mr. Lorenz:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility has been reviewed and found to be incomplete. Please complete the deficiencies listed below and return to me at the following address within thirty (30) days of the date of this letter. **Reference AI ID when returning requested information.** Please use this address: Division of Water, KPDES Branch, Ms. Nancy Green, 14 Reilly Road, Frankfort Office Park, Frankfort, Kentucky 40601.

1. Obtain the authorized official's signature on the enclosed form(s).

Failure to return the requested information within thirty (30) days may result in the Cabinet returning your application to you and retaining filing fees that have been paid, as per 401 KAR 5:300, Section 2(2). If you have any questions concerning this request, please call me at (502) 564-2225, extension 402.

Sincerely,

Nancy Green, Program Coordinator  
Inventory and Data Management Section  
KPDES Branch  
Division of Water

NG:ng  
Enclosures  
c: Division of Water Files